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Message Text

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62
ACTION AID-59

INFO OCT-01 EA-11 NEA-11 ISO-00 HEW-08 NSCE-00 NSC-10 SS-20

CIAE-00 INR-10 NSAE-00 RSC-01 CU-04 USIA-15 PA-04

PRS-01 SAM-01 DRC-01 /157 W
---------- 097959
R 071105Z FEB 74
FM AMEMBASSY KATHMANDU
TO SECSTATE WASHDC 7497
INFO AMEMBASSY NEW DELHI
USLO PEKING

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EO 11652: N/A
TAGS: EAID, NP, CH
SUBJECT: OBSERVATION TOUR FOR NEPALESE PUBLIC HEALTH OFFICIALS

1. HMG PRESENTLY PREPARING LONG-TERM PLAN FOR DEVELOPMENT OF BASIC HEALTH SERVICES WITH PAST AND PROJECTED ASSISTANCE FROM USAID AND WHO. IN THIS CONNECTION, USAID SPONSORING OBSERVATION TOUR FOR FOUR SENIOR HMG HEALTH OFFICIALS IN ORDER PROVIDE THEM WITH OTHER COUNTRY EXPERIENCES, BOTH POSITIVE AND NEGATIVE, CONSIDERED DIRECTLY RELEVANT TO CHALLENGES NOW FACED HERE. PURPOSE OF TOUR WILL BE FIRST-HAND EXAMINATION ALTERNATIVE APPROACHES TO LOW COST DELIVERY OF HEALTH SERVICES TO RURAL AND ISOLATED POPULATIONS, WITH PARTICULAR EMPHASIS IN USE OF PARAMEDICALS AND RELATIONSHIP OF MALARIA WORKERS TO GENERAL PUBLIC HEALTH CADRES. HMG ESPECIALLY INTERESTED IN VISITING COUNTRIES WHICH FACE SIMILAR ECONOMIC, CULTURAL AND GEOGRAPHICAL PROBLEMS, SUCH AS INDIA, SRI LANKA, IRAN AND MALAYSIA. IN INTEREST OF SHARING COMMON EXPERIENCE WITH NEPALESE HEALTH OFFICIALS, USAID PHYSICIAN/ADVISOR WOULD PLAN TO ACCOMPANY TEAM.

2. HMG MINISTRY OF HEALTH OFFICIALS HAVE RAISED INFORMALLY QUESTION WHETHER USAID COULD INCLUDE VISIT TO CHINA (PRC) TO OBSERVE REPORTED CHINESE SUCCESS WITH MINIMALLY TRAINED PARAMEDICALS IN RURAL AREAS
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AND IN BLENDING WESTERN AND TRADITIONAL MEDICAL PRACTICES AND

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PRACTIONERS.

3. THIS SUGGESTION OBVIOUSLY RAISES BASIC POLICY QUESTIONS ON
WHICH WE WOULD APPRECIATE DEPARTMENT GUIDANCE:

A. IN CURRENT STATE US/PRC RELATIONS, SHOULD USG ENCOURAGE
OTHER DEVELOPING COUNTRIES TO LOOK TO PRC FOR RELEVANT EXPERIENCE
ON COMMON LDC DEVELOPMENT PROBLEMS?

B. IN PARTICULAR CASE OF NEPAL, GIVEN GEOGRAPHICAL PROXIMITY AND
EXISTING SENSITIVE POLITICAL RELATIONSHIP WITH CHINA, SHOULD
USG BE OFFICIALLY SPONSORING AND FINANCING TECHNICAL EXCHANGES
WITH PRC (AS WE HAVE DONE FOR YEARS IN INDIA)?

4. THERE WOULD ALSO BE, OF COURSE, POSSIBILITY OF ADVERSE INDIAN
REACTION ADDING UNNECESSARILY ABRASIVE ELEMENT TO PRESENT COMPLEX
OF INDO/US RELATIONS. IT SHOULD BE NOTED THAT, IF APPROVED,
PRC PORTION OF TOUR WOULD NEED TO BE FUNDED WITH DOLLARS NOT IC.
ALSO WE MIGHT INCLUDE VISIT OF HEALTH OFFICIALS TO INDIA IF
THIS WERE SEEN TO BE USEFUL POLITICAL OFFSET TO CHINA VISIT.

5. OUR GON CONTACTS ON THIS SUBJECT HAVE SO FAR BEEN LIMITED TO
SENIOR MINISTRY OF HEALTH OFFICIALS. WITHOUT WASHINGTON'S
APPROVAL WE DO NOT PROPOSE DISCUSS FORMALLY WITH FINANCE MINISTRY
(FOREIGN AID DIVISION) OR FOREIGN MINISTRY (WHO WOULD HAVE TO
APPROACH PRC EMBASSY ON DETAILED ARRANGEMENTS AS THEY HAVE IN
CASE OTHER VISITS ON TOUR.)

6. WHILE PRC COULD PRESUMABLY FINANCE VISIT UNDER ITS OWN AID
PROGRAM, IT IS NOT CURRENTLY INVOLVED IN HEALTH SECTOR IN NEPAL.
MINHEALTH OFFICIALS ARE EAGER TO LEARN ABOUT PRC MEDICAL TECHNIQUES,
BUT APPEAR RELUCTANT TO HAVE DIRECT CHINESE TECHNICAL ADVISORY
INVOLVEMENT IN HMG PROGRAMS. IT IS POSSIBLE THAT HMG MIGHT,
FOR OWN REASONS, DECLINE TO AUTHORIZE HMG OFFICIALS TO VISIT PRC
UNDER USG AUSPICES OR DECLINE TO TAKE INITIATIVE IN APPROACHING
PRC THROUGH DIPLOMATIC CHANNELS. IT IS EQUALLY POSSIBLE THAT PRC
MIGHT NOT BE WILLING TO ACCEPT NEPALESE DELEGATION UNDER US
SPONSORSHIP. WE RECOGNIZE PRC MIGHT ALSO PLACE SUCH CONSTRAINTS
ON VISITING RURAL AREAS AS TO MAKE VISIT MERELY A FORMALITY,
OR AGREE TO RECEIVE NEPALESE DELEGATION BUT INSIST ON DROPPING
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THE USAID ADVISOR.

7. IN SUM, WHILE WE SEE ADVANTAGES FROM TECHNICAL VIEWPOINT
IN SENDING NEPALI HEALTH OFFICIALS TO PRC, IT IS NOT CLEAR TO US
WHETHER THEY ARE WORTH POLITICAL RISKS OF INVOLVING OURSELVES IN
PROPOSAL WHICH COULD BE SENSITIVE BOTH IN TERMS INDO/NEPALESE AND
SINO/NEPALESE RELATIONS.

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8. EMBASSY/USAID WOULD APPRECIATE VIEWS DEPARTMENT, PEKING AND DELHI, SINCE SUGGESTED VISIT TO PRC REPRESENTS DEPARTURE FROM PAST AID PRACTICE AND RAISES BROADER POLITICAL ISSUES IN TERMS US/PRC RELATIONS.
CARGO

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